



WASHINGTON LAWYERS' COMMITTEE
FOR CIVIL RIGHTS & URBAN AFFAIRS •

September 13, 2011

Charles Warren
Administrator
New Jersey State Prison
P.O. Box 861
Trenton, New Jersey 08625

RECEIVED

SEP 29 2012

AT 8:30 _____ M
WILLIAM T. WALSH
CLERK

Re: David Womack SBI # 0S01569275, 537775

Dear Mr. Warren:

On Friday, September 9, 2011, I attempted to visit my client, David Womack, at the New Jersey State Prison. This was a pre-arranged legal visit, coordinated with your staff. I was denied access to my client on the basis of Mr. Womack's alleged refusal to comply with illegal and highly inappropriate strip search procedures prior to our meeting. These newly-adopted procedures require Mr. Womack to emerge naked from his cell and submit to full body and cavity search under the full view of several cells of other inmates. On behalf of Mr. Womack and his legal team, I strongly object to the imposition of these inhumane procedures and demand that Mr. Womack be granted full access to his attorneys, as required by law.

On September 9, after waiting more than one hour after the scheduled appointment time, I and another attorney were informed by a correctional officer that Mr. Womack "refused to comply with strip search policy." Based on prior reports from Mr. Womack, I asked the officer if these strip search procedures involved Mr. Womack being forced to submit to a search in front of other prisoners on the tier. He indicated, in the presence of the other attorney, that this was indeed the case. I verbally protested this procedure and was re-directed to you.

A short while later, a senior official at your facility (you?) spoke to me in the waiting area. This official insisted that Mr. Womack had "refused to comply" with the strip search policy. When I attempted to determine whether this policy required the inhumane and unnecessary practices described above, the conversation was immediately terminated. Subsequently, I requested a copy of the "strip search policy" from staff at the facility, given that this was the alleged basis for denial of my client's access to his attorneys. I was promptly told to leave the premises, on orders from the Administrator.

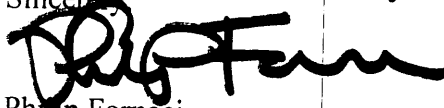
As you know, Mr. Womack is being held in your facility through an arrangement with the federal Bureau of Prisons (BOP). While he is in your custody, you are required to allow him access to his attorneys, among other duties. You are not permitted to subject him to arbitrary, illegal and inhumane treatment while he is in your custody, like the alleged "strip search policy" described here. The practice of forcing Mr. Womack to stand naked before dozens of other inmates serves no penological purpose, but rather the goal is to punish him through humiliation, and to potentially subject him to violence. There is simply no reason why he cannot be searched in private, as are all other prisoners in your facility prior to a visit.

Charles Warren
September 13, 2011
Page 2

When I and another attorney visited Mr. Womack approximately six weeks prior, again on a legal visit arranged through your staff, we were forced to wait more than three hours. Staff claimed that the delay was due to Mr. Womack being visited by BOP officials. We later learned that this was a falsehood, that BOP officials had not been visiting Mr. Womack. Instead, we learned that your staff and Mr. Womack had been in a standoff for several hours, with Mr. Womack resisting being strip searched in front of other prisoners. Ultimately, your staff reached a resolution with Mr. Womack that did not involve this humiliating process, and the legal visit occurred.

It is undeniable that Mr. Womack is fully entitled to meet with his attorneys. Your staff has placed numerous obstacles making these visits difficult or impossible, this latest episode being the most egregious. This cannot continue. I am formally requesting: (1) a copy of the strip search policy in question, (2) an immediate end to the practice of forcing Mr. Womack to be forced to stand naked before other prisoners, whether prior to legal visits or as a precondition to receiving recreation or other out-of-cell activities, and (3) assurances from your office that future legal visits will be facilitated and that his attorneys will have appropriate access to Mr. Womack as necessary.

Sincerely,



Philip Fornaci
Director, DC Prisoners' Project

Cc: John Emshwiller
Senior National Correspondent
The Wall Street Journal

Gary M. Lanigan
✓ Commissioner, NJ Department of Corrections
Whittlesey Road, P.O. Box 863
Trenton 08625-0863

Paula T. Dow
Attorney General
✓ Office of the Attorney General
P.O. Box 080
Trenton, NJ 08625-0080

Gary LoCassio
Acting Director, Division on Civil Rights
✓ Office of the Attorney General
PO Box 090
Trenton, NJ 08625-0090

Charles Warren
September 13, 2011
Page 2

Jonathan Smith
Chief, Civil Rights Division, Special Litigation
U.S. Department of Justice

✓ Peter Brustman
Community Corrections Manager
Federal Bureau of Prisons
US Department of Justice
P.O. box 329014
Brooklyn, New York 11232

Form 256 - 1
N.J.A.C. 10A:4STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS

4B-R-Cell-1

Revised
1/2000

APPEAL OF DISCIPLINARY DECISION [APELACIÓN DE UNA DECISIÓN DISCIPLINARIA]

Please Print or Type [Sírvese usar letras de molde o máquina de escribir]

TO: Mr. WARREN New Jersey State Prison
 Correctional Facility [Institución de Corrección]
 TO Administrator Administrator
 [PARA] [Administrador]

FROM: Mr. DAVID L. WOMACK DOC 4B-R-Cell-1
 [DE] Name [Nombre] Number [Número] Housing Unit [Unidad de Vivienda]

Sir: [Sr(a)]:

I appeared before the Disciplinary Hearing Officer

[Comparecí ante el(la) Oficial de Audiencias Disciplinarias]

Name [Nombre]

on 09/13/2011 at 9:50 ☒ AM ☐ PM for violation of Prohibited Act # 256
 [el] [a las] [por violación al Acto Prohibido]

#

1. I wish to appeal the decision of the hearing officer, based on the following reasons:
 [Deseo apelar la decisión del Oficial de Audiencias, basándome en las siguientes razones:]

☒ violation of Standards [violación de las Normas]☐ misinterpretation of the facts [mala interpretación de los hechos]☐ a plea of leniency [una petición de indulgencia]☒ other [otra]

2. ☐ I request that the sanction imposed be suspended pending appeal. [Solicito que la sanción impuesta se suspenda mientras se apela]

EXPLANATION: [EXPLICACIÓN]

THE FOURTH AMENDMENT TO THE U.S.
CONSTITUTION PROTECTS PRISONERS FROM
SEARCHES AND SEIZURES GROUNDED IN ARBIT-
RARY, CAPRICIOUS OR HARASSING MOTIVATION.

SEE ATTACHMENTS 2-3
 PREPARED BY: [PREPARADO POR:]

Printed name of person preparing form
 [Nombre en letra de molde de la persona que preparó el formulario]

Signature of person preparing form
 [Firma de la persona que preparó el formulario]

David L. Womack
 Signature of inmate [firma del(la) confinado(a)]

9-14-2011 9:30
 Date [Fecha] Time [Hora]

☐ AM ☒ PM

RECEIVED BY:

G. Samara
 Printed Name

Signature

Date

Time

☐ AM ☐ PM

A PUBLIC STRIP SEARCH CONDUCTED IN THE VIEW OF OTHER PRISONERS IS ARBITRARY, CAPRICIOUS AND HARASSING. IT IS FOR THIS ADMINISTRATION TO MANAGE THE PRISON IN SUCH FASHION SO THAT PUBLIC STRIP SEARCHES OF INMATES DO NOT OCCUR.

THE 256 PROHIBITED ACT IN THIS CASE ARISES OUT OF SGT. BEATTY PUT ME TO CHOOSING BETWEEN SUBJECTING MYSELF TO A PUBLIC STRIP SEARCH BEFORE RECEIVING AN ATTORNEY VISIT. BECAUSE WALKING FROM MY CELL NAKED TO STICK MY BUTTCKES OUT AS FAR AS POSSIBLE, SPREAD MY RECTUM OPEN, AND LIFT UP MY GENITALS IN VIEW OF OTHER PRISONERS IS TOO HUMILIATING AND DEGRADING, I ABANDONED MY ATTORNEY VISIT.

WITHOUT ATTEMPTING TO SET OUT ALL THE SCENARIOS, THERE ARE OBVIOUS, EASY ALTERNATIVES TO THE PUBLIC STRIP SEARCH POLICY/PRACTICE THAT WO-

WULD NOT POSE A RISK TO OTHER PRISONERS OR STAFF OR CREATE A RIPPLE EFFECT IN THE PRISON. FOR EXAMPLE, OFFICERS CAN SEARCH ~~ME~~ ^{ME} FROM IN THE CELL WHILE I PUT MY CLOTHINGS THROUGH THE FOOD PORT OR STRIP SEARCH ME IN THE SECLUDED SHOWER AREA, RATHER THAN HAVE ME WALK FROM THE CELL NAKED, UP TO THE SECURITY GATE, TO BE STRIP SEARCHED IN THE VIEW OF OTHER PRISONERS WHILE STANDING ON THE TIER.

FINALLY, THE 60 DAYS LOSS OF RECREATION I RECEIVED FROM THE 256 PROHIBITED ACT VIOLATES PRISON REGULATIONS. 10A:4-5.1(b) 2 SAYS THE MOST I CAN RECEIVE FOR A FINDING OF GUILT FOR THE 256 IS LOSS OF ONE OR MORE CORRECTIONAL FACILITY PRIVILEGES UP TO 30 CALENDAR DAYS.



State of New Jersey

DEPARTMENT OF CORRECTIONS

WHITTLESEY ROAD

PO Box 863

TRENTON, NJ 08625-0863

September 27, 2011

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

GARY M. LANIGAN
Commissioner

Phillip Fornaci, Director
DC Prisoners' Project
Washington Lawyers' Committee for Civil Rights Urban Affairs
11 Dupont Circle, NW Suite 400
Washington, DC 20036

RE: David Womack SBI# OSO01569275

Dear Mr. Fornaci:

My office is in receipt of your correspondence dated September 13, 2011 regarding your visit with Womack, David # OS01569275. As I understand the facts, you were here at New Jersey State Prison on Friday September 9, 2011 for a prearranged legal visit with inmate Womack which did not take place due to inmate Womack's refusal to comply with N.J.A.C. 10A:3-5.7, specifically, he refused to submit to a strip search. You were informed of this. At your request, you spoke with an Assistant Superintendent who attempted to address your concerns. As it became obvious that a productive conversation would not occur at that time, you were asked to leave the facility.

At no time during his incarceration in the New Jersey Department of Corrections has Mr. Womack been unjustly denied a visit with his attorneys. He, like any other inmate housed in New Jersey State Prison, is required to comply with the rules and regulations of the department. Included in your missive, are a number of assumptions regarding the search procedures of the department. For your edification, please refer to N.J.A.C. 10A:3-5.7 which governs the strip search procedures employed by the NJDOC.

Respectfully,

Charles E. Warren Jr.
Administrator
New Jersey State Prison

CEW:cw

C: Gary M. Lanigan, Commissioner
Michelle R. Ricci, Director
Melinda Haley, Director, Office of Legal and Regulatory Affairs
File

Form 256 - II
N.J.A.C. 10A:4

STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS

Revised
1/2000

DISPOSITION OF DISCIPLINARY DECISION [DISPOSICIÓN DE LA APELACIÓN DISCIPLINARIA]

Please Print or Type (Sírbase usar letras de molde o máquina de escribir)

New Jersey State Prison

Correctional Facility [Institución de Corrección]

TO Worack, David
(PARA) Name [Nombre]

537775 / OS01569275

Number [Número]

FROM William J. Anderson
(DE) Name [Nombre]

Assistant Superintendent

Title [Título]

I have reviewed the appeal of your disciplinary hearing held on 9/13/2011, 9:50 ☒ AM ☐ PM
[He revisado la apelación de su audiencia disciplinaria que tuvo lugar el]

for violations of # *256, # , # , # , adjudicated by Hearing
[por violaciones de]

Officer Makarski and have determined that:
[Oficial de Audiencias] [y he determinado que]

- ☒ The decision of the Hearing Officer is upheld. [Se respalda la decisión de(la) Oficial de Audiencias]
☐ The decision of the Hearing Officer is rescinded. [Se rescinde la decisión de(la) Oficial de Audiencias]
☐ The decision of the Hearing Officer is modified. [Se modifica la decisión de(la) Oficial de Audiencias]
☐ The decision of the hearing Officer is rescinded and a new hearing is ordered. [Se rescinde la decisión de(la) Oficial de Audiencias y se ordena una nueva audiencia.]

EXPLANATION: [EXPLICACIÓN]

A review of the charge, investigation and its adjudication revealed that 10A and all of the safeguards therein were adhered to. Your appeal fails to delineate any violation of standard as it pertains to this charge or its sanction. For this reason the decision of the Hearing Officer is upheld.

N/A

Defendant's mental health history was reviewed and considered (if applicable)
[El estado de salud del defendido fue revisado y considerado] (si se requiere)

Signature of Administrator or Designate

Date

Time

☒ AM ☐ PM

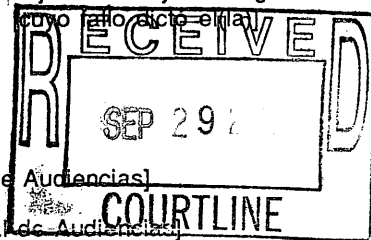
Delivered by

Printed name of employee

Date

Signature of Inmate

Signature of employee if inmate refuses to sign





State of New Jersey

DEPARTMENT OF CORRECTIONS
WHITTLESEY ROAD
PO Box 863
TRENTON NJ 08625-0863

CHRIS CHRISTIE
Governor

GARY M. LANIGAN
Commissioner

October 27, 2011

Mr. David Womack #537775
New Jersey State Prison
P.O. Box 861
Trenton, NJ 08625-0861

Dear Mr. Womack:

I have received your letter dated 10/13/11.

I do not condone, nor tolerate, unprofessional behavior by my staff. However, with respect to your concern about your sanctions, only the Administrator or the Administrator's designee at your facility can modify sanctions. Once you have exhausted this remedy, you may appeal your case to the New Jersey Superior Court.

Sincerely,


John Falvey
Assy. Director

Inmate Disciplinary Hearing Program

JF/yw

c: file



WASHINGTON LAWYERS' COMMITTEE
FOR CIVIL RIGHTS & URBAN AFFAIRS

October 17, 2011

Charles Warren, Administrator
New Jersey State Prison
P.O. Box 863
Whittlesbey Road
Trenton, New Jersey 08625

Re: David Womack SBI # 0S01569275, 537775

Dear Mr. Warren:

Thank you for responding to my letter of September 13, 2011, regarding my difficulties in securing a legal visit with Mr. David Womack on September 9. In particular, I appreciate your providing a reference for the relevant policy with which staff at New Jersey State Prison claim Mr. Womack failed to comply. You have not disputed that Mr. Womack has refused strip searches that would force him to appear naked in front of other inmates, as confirmed by two of your staff. Such practices are directly contradicted by the policy you have cited to me. Mr. Womack is being punished and denied legal visits for refusing to comply with procedures that are explicitly prohibited by official policy.

Since at least February 2011, Mr. Womack has endured a strip search procedure as follows: He must take off his clothes while in his cell and slide them through the food slot. He is then ordered to exit from his cell to the tier, where he can be seen naked by numerous other prisoners and staff, and ordered to manually expose all body cavities for a visual inspection by DOC staff. In the process, he is subjected to humiliating jeers and insults of the other prisoners, and targeting for potential assault. This is the procedure to which Mr. Womack has refused to comply, and subsequently the basis for cancellation of his legal visit and the denial of other privileges in your facility. When I asked an officer on September 9 whether Mr. Womack had refused a strip search that required him to appear naked before other prisoners, the officer answered: "That's the policy."

Mr. Womack's refusal to comply with this imposed "policy" at the New Jersey State Prison is actually supported by the NJDOC policy you provided. The "policy" imposed upon him is in clear violation of NJDOC regulations. Section (c) of N.J.A.C. 10A:3-5.7 specifically notes:

(c) A strip search shall be conducted:

1. At a location where the search cannot be observed by unauthorized persons;
2. In a professional and dignified manner, with maximum courtesy and respect for the inmate's person;

A strip search conducted in full view of other prisoners ("unauthorized persons") violates this policy. Secondly, such unprofessional and humiliating practices also violate section (c) 2, which is the basis for Mr. Womack's refusal to submit to a strip search in front of "unauthorized persons."

11 DUPONT CIRCLE, NW SUITE 400 WASHINGTON, DC 20036

www.washlaw.org (WEBSITE) (202) 319-1000 (VOICE) (202) 319-1010 (FAX) (202) 319-1075 (TDD)

Karen Boyd
P.O. Box 855
Trenton, N.J. 08625

10-19-2011

Administrator Charles Wagner;

Today your officers put me at the choice of
Either (1) Removing all of my clothing in the cell
walk out on the tier naked bend over, spread my
buttocks, display my anal cavity, and raise my
genitals for their inspection at the gate in
the presence of other inmates or (2) For going
making (LEGAL) phone call to my case manager in
the (BOP). these searches are unpleasant
Embarrassing, Humiliating, Cause Fear of Sexual
Assault, and Have no connection to smuggling.

Mr. David Womack
DOC #537-775,
SBI, 0501569275
Trenton State Prison
P.O. Box 861
Trenton, New Jersey, 08625

Form: IRSF 101
N.J.A.C. 10A:1-4

Revised: 1/2008

NEW JERSEY DEPARTMENT OF CORRECTIONS

[DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY]

INMATE REMEDY SYSTEM FORM

[FORMULARIO DEL SISTEMA DE REMEDIO DEL CONFINADO]

PART [PARTE] 1

INMATE'S REMEDY OR COMPLAINT AREA:

[ÁREA DE REMEDIO O QUEJA DEL CONFINADO]

TYPE OF REQUEST (Only Check one box)
[TIPO DE PETICIÓN] (Llene solamente una caja)☒ ROUTINE INMATE REQUEST
[PETICIÓN RUTINARIA DEL CONFINADO]☐ INTERVIEW REQUEST
[PETICIÓN PARA UNA ENTREVISTA]INMATE'S NAME: DAVID L. WOMACK
[NOMBRE DEL CONFINADO]SBI NUMBER: 0501569275
[NÚMERO DE SBI]INSTITUTION: NJSP
[INSTITUCIÓN]HOUSING UNIT: 4BP-8
[UNIDAD DE VIVIENDA]DATE: OCT. 18, 2011
[FECHA]Administrator CHARLES WAGNER

Today, your officers put me at the choice of either (1) removing all of my clothing in the cell, walk out on the tier naked, bend over, spread my buttocks, display my anal cavity, and raise my genitals for their inspection at the gate in the presence of other inmates, or (2) forgoing making (LEGAL) phone call to my case manager in the BOB. These searches are UNPLEASANT, EMBARRASSING, HUMILIATING, CAUSE FEAR OF SEXUAL ASSAULT, AND HAVE NO CONNECTION TO SMUGGLING.

No action taken on this form. DOC Corrective Action form issued with paragraph(s) # _____ marked.

[No se tomó ninguna medida en este formulario. Se proveyó el formulario de Acción Correctiva del DOC con el (los) párrafo(s) # _____ indicado(s).]

PART [PARTE] 2

THE ABOVE INMATE INFORMATION WAS DETERMINED BY THE COORDINATOR AS ONE OF THE FOLLOWING:

[EL COORDINADOR DETERMINÓ QUE LA INFORMACIÓN ANTERIOR DEL CONFINADO ES UNO DE LOS SIGUIENTES]

☒ ROUTINE INMATE REQUEST
[PETICIÓN RUTINARIA DEL CONFINADO]☐ INTERVIEW REQUEST
[PETICIÓN PARA UNA ENTREVISTA]☐ ROUTINE OR URGENT
[RUTINARIO O URGENTE]RECEIVED BY:
[RECIBIDO POR]SUBJECT OF REQUEST:
[TEMA DE LA PETICIÓN]DATE FORWARDED TO DEPARTMENT:
[FECHA EN QUE SE ENVÍO AL DEPARTAMENTO]DATE RESPONSE RETURNED TO I/M:
[FECHA EN QUE SE DEVOLVIÓ AL CONFINADO]DEPARTMENT RESPONSIBLE:
[DEPARTAMENTO RESPONSABLE]

CASE NUMBER:

[NÚMERO DEL CASO] YEAR MONTH EXCEL LINE
[AÑO] [MES] [LÍNEA DE EXCEL]

PART [PARTE] 3

STAFF RESPONSE AREA [ÁREA DE RESPUESTA DEL PERSONAL]:

STAFF SIGNATURE [FIRMA DEL PERSONAL]

DATE [FECHA]

Attachments: From Inmate:

[Documentos adjuntos: Del Confinado]

From Staff:

[Del Personal]

DOC Staff Response forms:

[Formularios de Respuesta del Personal del DOC]

SIGNATURE OF ASST. Supt. OR APPROPRIATE ADMINISTRATIVE DESIGNEE
[FIRMA DEL SUBSUEPO LA PERSONA ADMINISTRATIVA CORRESPONDIENTE DESIGNADA POR ÉL]

DATE [FECHA]

PART [PARTE] 4

INMATE'S ADMINISTRATIVE APPEAL INFORMATION [INFORMACIÓN DE APELACIÓN ADMINISTRATIVA DEL CONFINADO]:

ADDITIONAL ATTACHMENTS:
[DOCUMENTOS ADJUNTOS ADICIONALES]

INMATE'S SIGNATURE [FIRMA DEL CONFINADO]

DATE [FECHA]

PART [PARTE] 5

DATE APPEAL RECEIVED:

[FECHA EN QUE SE RECIBIÓ LA APELACIÓN]

DATE APPEAL RETURNED:

[FECHA EN QUE SE DEVOLVIÓ LA APELACIÓN]

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS:

☐ UPHOLD [CONFIRMADA]☐ MODIFIED [MODIFICADA]☐ DENIED [NEGADA]

United States District Court
District of New Jersey

David Lee, WOMACK,
CV-02932-AET-TJB
Civil Action No.

3, 24, 2011

I Angel Rivera # 548010
Can Verify That David Womack,
Was placed in Cell-6-4-B-Right
On Feb-16 2011, And left there
Till March 24 2011
Cell Six Is a "Special Housing"
Cell, It Does Not have a "Bunk",
"Tables", "Desk" or "Stool".
It Does Not have a light switch.
Guards Control when light is turned
off and on, from out side of cell.
It also has a camera inside cell.
I can verify that while in this
cell Mr. Womack either had
to stand up to eat his meals, or
sit on "floor", (No tables or Desk)
And that he had to sleep on floor.
I heard Mr. Womack repeatedly
Ask to be Moved to 'Regular' Cell.

Angel Rivera
548010 / 0501574800

Other Orders/Judgments

3:10-cv-02932-AET -TJB WOMACK v. MOLEINS et al CASE CLOSED on 09/06/2011

ADMCLOSED

**U.S. District Court
District of New Jersey [LIVE]**

Notice of Electronic Filing

The following transaction was entered on 11/15/2011 at 2:22 PM EST and filed on 11/15/2011

Case Name: WOMACK v. MOLEINS et al

Case Number: 3:10-cv-02932-AET -TJB

Filer:

Document Number: 16

Docket Text:

ORDER REOPENING CASE in order for this Court to entertain Pltf's IFP application and, if same is granted, to screen the Complaint for dismissal. Signed by Judge Anne E. Thompson on 11/14/2011. (gxh)

3:10-cv-02932-AET -TJB Notice has been electronically mailed to:

3:10-cv-02932-AET -TJB Notice will not be electronically mailed to::

DAVID L. WOMACK

#537-775

NEW JERSEY STATE PRISON

SBI#OS-01569275

PO BOX 861

TRENTON, NJ 08625

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1046708974 [Date=11/15/2011] [FileNumber=5476076-0] [798797a32f32b5a6b5a0ca54983aed8c9ed3770de61b1d8ecc35d7e1760273b5420c59d433ddd23d63d2537ad145c1ac5adbef0154fdf6e9fe7e4ecd30fff7cc]]

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

DAVID L. WOMACK,

Civil Action No. 10-2932 (AET)

Plaintiff,

v.

ORDER

WILLIAM J. MOLEINS, et al.,

Defendants.

RECEIVED

NOV 15 2011

AT 8:30 M
WILLIAM T. WALSH
CLERK

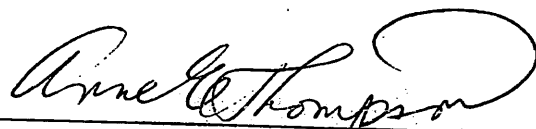
IT APPEARING THAT:

1. On June 9, 2010 Plaintiff David L. Womack, an inmate confined at New Jersey State Prison, filed this civil action in forma pauperis, without prepayment of fees or security, asserting claims pursuant to 42 U.S.C. § 1983.
2. The matter was administratively terminated on June 11, 2010 because Plaintiff did not submit the \$350.00 filing fee or an in forma pauperis application as required by 28 U.S.C. § 1915(a)(1), including a certified copy of his inmate trust fund account statement(s) for the six-month period immediately preceding the filing of his complaint as required by 28 U.S.C. § 1915(a)(2).
3. On July 12, 2010 the Clerk of the Court received correspondence from Plaintiff regarding change of address.
4. On February 25, 2011 the Clerk of the Court received correspondence from Plaintiff indicating that he had been moved to a federal facility for surgery. Plaintiff stated that he had trouble obtaining the six-months statement due

to his transfer.

5. On March 1, 2011 the Clerk of the Court received Plaintiff's Motion to Vacate and for Appointment of Counsel (docket entry 8), in which Plaintiff requested that case be reopened and that he be appointed counsel.
 6. The Clerk of the Court received subsequent correspondence from Plaintiff, none of which satisfied the requirement to provide a certified copy of his inmate trust fund account statement(s) for the six-month period immediately preceding the filing of his complaint as required by 28 U.S.C. § 1915(a)(2).
 6. On August 26, 2011, the matter was reopened to address the submissions from Plaintiff, the Motion to Vacate and for Appointment of Counsel was denied, and the matter once again administratively terminated.
 7. On October 3, 2011, the Clerk of the Court received from Plaintiff an Application to proceed in forma pauperis.
 8. Plaintiff had also filed, in the United States Court of Appeals for the Third Circuit, a Petition for Writ of Mandamus. That Petition was denied on November 3, 2011.
- IT IS THEREFORE on this 14th day of November, 2011,
- ORDERED that the Clerk shall reopen the file in order for this Court to entertain Plaintiff's application to proceed in forma pauperis and, if same is granted, to screen the Complaint for dismissal, pursuant to 28 U.S.C. §§ 1915(e)(2)(B) and 1915A

and/or 42 U.S.C. § 1997e.



Anne E. Thompson
United States District Judge

Other Orders/Judgments

3:11-cv-02884-JAP -DEA WOMACK v. NEW JERSEY et al **CASE CLOSED on 08/22/2011**

ADMCLOSED

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

U.S. District Court

Plaintiff: **District of New Jersey [LIVE]**

Notice of Electronic Filing

The following transaction was entered on 11/15/2011 at 2:32 PM EST and filed on 11/15/2011

Case Name: WOMACK v. NEW JERSEY et al

Case Number: 3:11-cv-02884-JAP -DEA

Filer:

WARNING: CASE CLOSED on 08/22/2011

Document Number: 6

Docket Text:

ORDER that the Clerk shall reopen the file in order for this Court to entertain Plaintiffs application to proceed in forma pauperis and, if same is granted, to screen the Complaint for dismissal, pursuant to 28 U.S.C. §§ 1915(e)(2)(B) and 1915A and/or 42 U.S.C. § 1997e. Signed by Judge Joel A. Pisano on 11/15/2011. (mmh)

3:11-cv-02884-JAP -DEA Notice has been electronically mailed to:

3:11-cv-02884-JAP -DEA Notice will not be electronically mailed to::

DAVID L. WOMACK
SBI, OSO1569275-5377
NEW JERSEY STATE PRISON
PO BOX 861
TRENTON, NJ 08625

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

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UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

DAVID L. WOMACK, :
 : Civil No. 11-2884 (JAP)
Plaintiff, :
 :
 v. : **ORDER**
 :
NEW JERSEY, et al., :
 :
Defendants. :

IT APPEARING THAT:

1. On May 20, 2011, Plaintiff David L. Womack, an inmate confined at New Jersey State Prison, filed this civil action in forma pauperis, without prepayment of fees or security, asserting claims pursuant to 42 U.S.C. § 1983.
2. The matter was administratively terminated on August 22, 2011 because Plaintiff did not submit the \$350.00 filing fee or an in forma pauperis application as required by 28 U.S.C. § 1915(a)(1), including a certified copy of his inmate trust fund account statement(s) for the six-month period immediately preceding the filing of his complaint as required by 28 U.S.C. § 1915(a)(2).
3. On September 23, 2011, the Clerk of the Court received from Plaintiff an Application and/or Motion for Expedited Relief.
4. On October 3, 2011, the Clerk of the Court received from Plaintiff an Affidavit of Poverty and Account Certification.
8. Plaintiff had also filed, in the United States Court of Appeals for the Third Circuit, a Petition for Writ of

Mandamus. That Petition was denied on November 3, 2011.

IT IS THEREFORE on this 15th day of November, 2011,

ORDERED that the Clerk shall reopen the file in order for this Court to entertain Plaintiff's application to proceed in forma pauperis and, if same is granted, to screen the Complaint for dismissal, pursuant to 28 U.S.C. §§ 1915(e)(2)(B) and 1915A and/or 42 U.S.C. § 1997e.

S/ Joel A. Pisano

Joel A. Pisano

United States District Judge

DLD-028

UNITED STATES COURT OF APPEALS
FOR THE THIRD CIRCUIT

No. 11-2840

IN RE: DAVID LEE WOMACK,
Petitioner

On a Petition for Writ of Mandamus from the
United States District Court for the District of New Jersey
(Related to D. Ct. Civ. Nos. 10-cv-02932 and 11-cv-02884)

Submitted Pursuant to Rule 21, Fed. R. App. P.
October 27, 2011

Before: AMBRO, JORDAN and VANASKIE, Circuit Judges

JUDGMENT

This cause came to be considered on a petition for writ of mandamus submitted on
October 27, 2011. On consideration whereof, it is now hereby

ORDERED and ADJUDGED by this Court that the petition for writ of mandamus
be, and the same is, denied. All of the above in accordance with the opinion of the Court.

ATTEST:

/s/Marcia M. Waldron,
Clerk

DATED: November 3, 2011

OFFICE OF THE CLERK

MARCIA M. WALDRON
CLERK



UNITED STATES COURT OF APPEALS

FOR THE THIRD CIRCUIT
21400 UNITED STATES COURTHOUSE
601 MARKET STREET
PHILADELPHIA, PA 19106-1790
Website: www.ca3.uscourts.gov

TELEPHONE
215-597-2995

November 3, 2011

William T Walsh
United States District Court for the District of New Jersey
Clarkson S. Fisher Federal Building and United States Courthouse
402 East State Street
Trenton, NJ 08608

RE: In re: David Womack
Case Number: 11-2840
District Case Number: 3-10-cv-02932
District Case Number: 3-11-cv-02884

Dear Clerk:

Enclosed please find copies of the following filed today in the above-entitled case:

1. Opinion
2. Certified copy of the Judgment denying the issuance of a writ of mandamus/prohibition.

Please acknowledge receipt of the enclosed copy of this form.

Very truly yours,

Marcia M. Waldron

Marcia M. Waldron,
Clerk

By:
/s/Marianne, Case Manager

DLD-028

NOT PRECEDENTIAL

UNITED STATES COURT OF APPEALS
FOR THE THIRD CIRCUIT

No. 11-2840

IN RE: DAVID LEE WOMACK,
Petitioner

On a Petition for Writ of Mandamus from the
United States District Court for the District of New Jersey
(Related to D. Ct. Civ. Nos. 10-cv-02932 and 11-cv-02884)

Submitted Pursuant to Rule 21, Fed. R. App. P.
October 27, 2011

Before: AMBRO, JORDAN and VANASKIE, Circuit Judges

(Opinion filed November 3, 2011)

OPINION

PER CURIAM.

David Womack, a New Jersey prisoner, petitions for a writ of mandamus compelling the District Court to screen his two civil rights complaints under the in forma pauperis ("IFP") statute, consolidate the two actions, and appoint counsel to represent him. For the reasons that follow, we will deny the petition.

I

In June 2010, Womack, who claims to be illiterate with a developmental disability, filed in the District Court a civil rights complaint alleging that prison officials

at the New Jersey State Prison assaulted him and then retaliated against him for filing grievances. Womack's action was administratively closed sometime in 2011 because he had not paid the filing fee or submitted an IFP application. In September 2011, the District Court reopened the case, denied without prejudice Womack's pending motion for appointment of counsel, and reclosed the case, advising Womack that he could seek reopening within 30 days and either pay the filing fee or seek IFP status. On October 3, 2011, he filed an IFP application, which remains pending.

In May 2011, Womack filed in the District Court a second civil rights complaint alleging that the conditions of his confinement are unconstitutional and that New Jersey State Prison officials have denied him access to the courts by failing to provide legal services that accommodate Womack's disability. In August 2011, the District Court administratively closed the case and denied without prejudice Womack's pending IFP application, which was incomplete. The District Court then afforded Womack an opportunity to reopen his case and submit a complete IFP application. On October 3, 2011, Womack filed an IFP application, which remains pending.

In July 2011, Womack filed the instant petition for a writ of mandamus. After granting Womack an extension of time to file an IFP application, the Clerk closed the case in September because Womack did not submit a complete application. On October 11, 2011, Womack filed a motion to reopen the petition and a motion to proceed IFP.

II

At the outset, we will grant Womack's motion to reopen this case, which was

administratively closed for failure to pay the filing fee or submit a complete IFP application. Womack has since submitted a complete IFP application, which we conclude demonstrates his entitlement to proceed without prepayment of the filing fee. Pursuant to 28 U.S.C. § 1915(a)(1), this Court may allow a litigant to proceed without prepayment of fees if he submits an affidavit stating the nature of the claim and a belief that he is entitled to redress, and a statement of his assets. The decision to grant or deny an IFP application is based solely on the economic eligibility of the petitioner. See Sinwell v. Shapp, 536 F.2d 15, 19 (3d Cir. 1976). Womack's application indicates that he has virtually no assets and receives between \$27 and \$32 each month from his prison employment. Accordingly, we will grant his motion to proceed in forma pauperis.¹

Mandamus is an "extraordinary remedy" that we award only when a petitioner demonstrates, among other things, a "clear and indisputable" right to relief. In re Pressman-Gutman Co., 459 F.3d 383, 398-99 (3d Cir. 2006). Mandamus lies only when there is no other remedy to obtain the relief sought. See Mallard v. U.S. Dist. Court for S. Dist. of Iowa, 490 U.S. 296, 309 (1989). Womack has plainly failed to satisfy this high standard.

Womack first asks us to compel the District Court to screen his complaints under the IFP statute, 28 U.S.C. § 1915(e)(2), and the Prison Litigation and Reform Act, 28

¹ We note that because Womack's mandamus petition is evidently bona fide, he is not subject to certain fee provisions of the Prisoner Litigation Reform Act. See Madden v. Myers, 102 F.3d 74, 78-79 (3d Cir. 1996).

U.S.C. § 1915A, so that the complaints may be served on the defendants. Womack's petition suggests that the District Court's failure to screen his complaints has been so delayed as to amount to a failure to exercise jurisdiction, which may serve as a basis for issuing a writ of mandamus. See Madden v. Myers, 102 F.3d 74, 79 (3d Cir. 1996). We disagree. We note that progress in Womack's civil actions was delayed primarily because of his failure to provide complete IFP applications. He has recently attempted to remedy that problem, and we are confident that the District Court will resolve his pending motions in a timely fashion.

Womack also asks that we compel the District Court to consolidate his two civil actions and appoint counsel to represent him. However, he has not shown either an indisputable right to those forms of relief or that other remedies are not available. Indeed, Womack's request is premature because his District Court cases have not been reopened. If the cases are reopened, Womack can seek consolidation in the District Court, which has broad discretion to consolidate matters involving common questions of law or fact. See Fed. R. Civ. P. 42(a); Enter. Bank v. Saettele, 21 F.3d 233, 235 (8th Cir. 1994). Likewise, Womack can seek appointment of counsel in the District Court if his cases are reopened and he is afforded IFP status. See § 1915(e)(1).

Accordingly, we will deny Womack's mandamus petition.

10.14.2011

Ms. Donna Sweeney

I'm writting in regards to the money that was taken from my inmate account funds without ANY Authority under the B.O.P. Policy (illegal) Guidelines.

ON 10.11.2011 MY INMATE ACCOUNT STATEMENT reflects that \$12.15 was deducted from my account - "illegally" without ANY Authority which violates B.O.P. Guidelines. I would like that \$12.15 put back in my account AS SOON AS POSSIBLE. Furthermore again another additional was deducted of the amount of \$22.80, without ANY Authority or permission - That also I would like to be replace in my account AS SOON AS POSSIBLE. That \$22.80 was taken from the account of original amount owe \$2,462.00, which left my amount owe \$2,439.20.

Thank you in advance for your Assitant in this important matter.

ON ANOTHER important matter that took place ON 10.18.2011 ON MY tier, I WAS ONCE AGAIN denied A straight call for According to them this purpose. ON Above date I WAS ASKED TO Stripped (ASS-NAKED) IN Front of All the inmates, which BY N.V.D.O.C policy clearly states that. AN INMATE CANNOT be stripped ^{IN FRONT} ~~in front~~ NO UNAUTHORIZED personnel. However I would like to know why I was denied a 'straight call' also I received

Call
list
off

NEW JERSEY STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 10/13/2011 - 11/21/2011

SBI #: OS01569275

Name: WOMACK, DAVID

DOB: 04/30/1970

LOCATION: NJSP-NORTH-4 B RIGHT-CELL 08

INM# 537775

PED:

As of Date:

Max Date: LIFE

LOCATION SUB ACCOUNT	BEGINNING BALANCE	ENDING BALANCE	HOLD
NJSP 2101 SPENDABLE	15.02	0.00	15.75

DEBTS AND LOANS SUMMARY

TYPE	PAYABLE	DATE CREATED/INSTITUTION	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
MEDL	MEDICAL LOAN	10/28/2005 @ NJSP	34.23	34.23	0.00	ACTIVE
RXL	PHARMACY LOAN	02/27/2007 @ NJSP	4.00	4.00	0.00	ACTIVE
LGLML	LEGAL MAIL LOAN	02/27/2008 @ NJSP	10.19	10.19	0.00	ACTIVE
COPL	LEGAL COPY LOAN	01/31/2011 @ NJSP	17.30	17.30	0.00	ACTIVE
DDL	DENTAL LOAN	07/18/2011 @ NJSP	5.00	5.00	0.00	ACTIVE

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
TCF	TRANSACTION COLLECTION FEE	10242005 @NJSP		0.00	UNLIMITED	ACTIVE
REST	RESTITUTION FOR DAMAGES	BROKEN PHONE	29.37	29.37	0.00	ACTIVE
PLRAS	STATE LITIGATION FILING FEE	A-4225-08T3/M-5049-08	6.37	6.37	0.00	ACTIVE
REST	RESTITUTION FOR DAMAGES	210030	2,462.00	46.16	2,415.84	ACTIVE

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
		BEGINNING BALANCE:		15.02
10/19/2011	NJSP	CRS COMMISSARY SALE - ORD #6042228	(14.34)	0.68
10/20/2011	NJSP	POS POSTAGE 10/17/11	(0.44)	0.24
10/27/2011	NJSP	LGLML LEGAL MAIL LOAN	0.20	0.44
10/27/2011	NJSP	POS POSTAGE 10/19/11	(0.44)	0.00
10/27/2011	NJSP	LGLML LEGAL MAIL LOAN	0.44	0.44
10/27/2011	NJSP	POS POSTAGE 10/24/110	(0.44)	0.00
10/31/2011	NJSP	FPAY 31A-/PAY ADSE/FPAY /RG:1 20 @1.20 10/03/2011-	24.00	24.00
10/31/2011	NJSP	DED FPAY-DEDUCTION-LGLML-02272008	(0.64)	23.36
10/31/2011	NJSP	DED FPAY-DEDUCTION-REST-210030	(23.36)	0.00

DEPARTMENT OF CORRECTIONS
NEW JERSEY STATE PRISON

Page 888 Of 4589

TRUST ACCOUNT STATEMENT

OTRTASTA

STATEMENT DATE: 09/09/2011

10/14/2011

SBI #: OS01569275

LOCATION: NJSP-NORTH-4 B RIGHT-CELL 08

Name: WOMACK, DAVID

As of Date:

DOB: 04/30/1970

INM# 537775

Max Date: LIFE

LOCATION SUB ACCOUNT

NJSP 2101 SPENDABLE

BEGINNING
BALANCE

1.25

ENDING
BALANCE

15.02

HOLD

15.75

DEBTS AND LOANS SUMMARY

TYPE	PAYABLE	DATE CREATED/INSTITUTION	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
IEDL	MEDICAL LOAN	10/28/2005 @ NJSP				
XL	PHARMACY LOAN	02/27/2007 @ NJSP	34.23	34.23	0.00	ACTIVE
3LML	LEGAL MAIL LOAN	02/27/2008 @ NJSP	4.00	4.00	0.00	ACTIVE
0PL	LEGAL COPY LOAN	01/31/2011 @ NJSP	9.55	9.55	0.00	ACTIVE
L	DENTAL LOAN	07/18/2011 @ NJSP	17.30	17.30	0.00	ACTIVE
			5.00	5.00	0.00	ACTIVE

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
	TRANSACTION COLLECTION FEE	10242005				
	RESTITUTION FOR DAMAGES	BROKEN PHONE @NJSP				
S	STATE LITIGATION FILING FEE	A-4225-08T3/M-5049-08	29.37	0.00	UNLIMITED	ACTIVE
	RESTITUTION FOR DAMAGES	210030	6.37	29.37	0.00	ACTIVE
				6.37	0.00	ACTIVE
			2,462.00	22.80	2,439.20	ACTIVE

DEPARTMENT OF CORRECTIONS
NEW JERSEY STATE PRISON

Page 889 of 4589
OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 09/09/2011 - 10/14/2011

OS01569275
Name: WOMACK, DAVID
LOCATION: NJSP-NORTH-4 B RIGHT-CELL 08

DOB: 04/30/1970
INM# 537775

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
BEGINNING BALANCE:					1.25
09/09/2011	NJSP	FPAY	31A-/PAY ADSE/FPAY /RG:1 23 @1.20 08/01/2011-08/31/2011	27.60	28.85
09/09/2011	NJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	13.85
09/09/2011	NJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	28.85
09/09/2011	NJSP	DED	FPAY-DEDUCTION-REST-210030	(12.60)	16.25
09/13/2011	NJSP	COP	COPIES 4 PAGES OF STATEMENT 9/8/11	(0.40)	15.85
09/13/2011	NJSP	COP	COPIES 4 PAGES OF STATEMENT 8/25/11	(0.40)	15.45
09/22/2011	NJSP	POS	POSTAGE-9/18/11	(0.44)	15.01
09/23/2011	NJSP	CRS	COMMISSARY SALE - ORD #6005300	(12.43)	2.58
09/30/2011	NJSP	POS	POSTAGE-9/27/11	(1.08)	1.50
09/30/2011	NJSP	POS	POSTAGE-9/20/11	(1.48)	0.02
09/06/2011	NJSP	CRS	COMMISSARY SALE - ORD #6022960	0.00	0.02
09/11/2011	NJSP	DED	FED REST NO ALLOWED TO TAKE \$ W/O PERMIS	9.15	9.17
09/11/2011	NJSP	DED	FED REST NOT ALLOWED TO TAKE \$ W/O PERMI	3.00	12.17
09/11/2011	NJSP	HOA	HOLD TIL FURTHER NOTICE	12.15	0.02
09/12/2011	NJSP	FPAY	31A-/PAY ADSE/FPAY /RG:1 21 @1.20 09/01/2011-09/30/2011	25.20	25.22
09/12/2011	NJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	10.22
09/12/2011	NJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	25.22
09/12/2011	NJSP	DED	FPAY-DEDUCTION-REST-210030	(10.20)	15.02



December 16, 2010



David Womack
Register No. 08497-007
MCFP Springfield
PO Box 4000
Springfield, MO 65801-4000

For Further Inquiry Contact:
Federal Bureau of Prisons
320 First Street, NW
Room 841, HOLC Building
Washington, D.C. 20534

Re: FOIA/PA Request Number 2011-02287

Dear Requester:

The Federal Bureau of Prisons is in receipt of your Freedom of Information Act/Privacy Act request. It has been assigned a number which you will find above. Please make a note of it as you will need to include it in any correspondence or inquiry regarding your request.

Due to the large number of requests received by the Bureau of Prisons for disclosure of records pursuant to the Freedom of Information and Privacy Acts, and due to the limited resources available to process such requests, the Bureau of Prisons has adopted a first-in/first-out practice of processing all incoming requests.

Your request has been placed in chronological order based on the date of receipt and will be handled as expeditiously as possible when it is assigned for processing. While most requests can be processed within 20 working days, exceptions may exist.

Unless you indicated otherwise, by submission of your request, you have agreed to pay fees up to \$25.00, as stated in 28 C.F.R. 16.3(c). Please note that pursuant to 28 C.F.R. 16.11, we are required to charge certain fees for processing requests. Please do not submit a check at this time. Should your request involve a fee, you will be notified of any amount due once your request has been reviewed. If we anticipate that your fees will be in excess of \$25.00, we will notify you of the estimated amount. At that time, you will have the option of modifying your requests to

reduce fees.

If you have questions regarding the status of your request, you may contact the Bureau of Prisons FOIA Service Center at 202-616-7750 or via mail at the address listed above.



U.S. Department of Justice
Federal Bureau of Prisons
Community Corrections Office

PO Box 329014
Brooklyn, NY 11232

DATE : March 9, 2011

TO : Donna Sweeney, Supervising Administrative Analyst
NJ Department of Corrections

FROM : *Peter Brustman*
Peter Brustman,
Community Corrections Manager

SUBJECT : Womack, David Register No. 08497-007
NJ DOC # 537775

As you discussed with my staff, attached please find the documentation regarding the DHO sanction imposed on 12/28/2010, for Incident Report No. 210030. The DHO imposed a sanction of \$2,462.00 due the U.S. Treasury, for damage to U.S. Government property by Womack while at Springfield USMCFP.

The BOP is asking you to file an encumbrance, or freeze, on Womack's personal funds. The money cannot be withdrawn from his account and sent to the BOP without his signature on BOP Form BP-199, Request for Withdrawal of Inmate's Personal Funds. Womack has refused to sign this form. Therefore, any funds in his account must be encumbered/frozen. NJ DOC has indicated Womack will have access to \$15.00 per month for basic necessities, and any funds beyond that \$15 will be encumbered/frozen. The encumbered funds are not to be released without authorization from this office.

If you need further information please do not hesitate to contact me at 718-840-4219.

cc Central File
David Womack ✓



RECEIVED
2011
JAN 18 REC'D
UNITED STATES GOVERNMENT

MEMORANDUM

NEW YORK, NEW YORK
CORRECTION

DATE: 12-28-2010
FROM: K. Nikes, DHO
SUBJECT: MONETARY RESTITUTION
Re: WOMACK, David Reg# 08497-007 IR# 2100308
TO: Agent Cashier, Business Office

ENCUMBER
FUNDS

As a result of a finding by the Discipline Hearing Officer, the above named inmate was determined to have committed a prohibited act, Code 218 Sanction(s) included monetary restitution.

The inmate has been directed to reimburse the U.S. Treasury in the amount of \$ 2462.00 for damages to U.S. Government Property.

The inmate's commissary privileges are to be suspended or limited until restitution is made. See Accounting Management Manual for instructions regarding impoundment of inmate funds.

APPROVED:

Warden

Seen only.
Shallute 1/13/11

Rec'd
JAN 12 2011
RAIlen TPT

inmate released
prior to
application
of 1-13-11
DHO

CNKDJ
PAGE 005

INMATE DISCIPLINE DATA
CHRONOLOGICAL DISCIPLINARY RECORD

03-09-2011
09:43:05

REGISTER NO: 08497-007 NAME... WOMACK, DAVID
FUNCTION...: DIS FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 03-09-2011
RSP OF: CNK-NEW YORK CCM

DHO HEARING DATE/TIME: 12-28-2010 0810 REPORT 2100308 CONTINUED

218 DESTROYING PROP OVER \$100 - FREQ: 1

DS / 30 DAYS / CS

COMP: LAW: 30 DAYS OF DISCIPLINARY SEGREGATION

LP COMM / 180 DAYS / CS

COMP: LAW: LOSS OF COMMISSARY FOR 180 DAYS

LP PHONE / 180 DAYS / CS

COMP: LAW: LOSS OF TELEPHONE PRIVILEGES FOR 180 DAYS

MON REST / 2,462.00 DOLLARS / CS

COMP: LAW: MONT REST IN THE AMOUNT OF 2462.00

G0002

MORE PAGES TO FOLLOW . . .



Federal Bureau of Prisons

Community Corrections Office

P.O. Box 329014
Brooklyn, NY 11232



October 11, 2011

David Womack #537775
NJ SIF QS01569275
New Jersey State Prison
PO Box 861
Trenton, NJ 08625

Re: Correspondence

Dear Mr. Womack:

Your letter which was notarized on July 27, 2011 and received in this office on August 29, 2011, raises many issues.

I acknowledge that you have notified this office, and provided copies of your lawsuit against the State of New Jersey and its Department of Corrections. A review of the Court records indicates that lawsuit was again dismissed on August 22, 2011. However, it is noted that you have filed to re-open. Any lawsuit against the State of New Jersey will be handled by the State, in the court in which it is filed.

Your mention that NJ State Prison had you on psychotropic medication in 2006 is moot, as you indicate no medication is prescribed at this time. Should you be forcibly medicated in the future, please advise this office, and the matter will be reviewed.

This office did contact NJ State Prison officials after you advised you had been placed in a dry cell. NJ officials provided a satisfactory explanation for your placement in the dry cell (temporarily without a mattress), and that matter is considered closed.

According to Ms. Sweeney, our NJ DOC liaison, you have been denied outside recreation based on your refusal to comply with NJ DOC close custody strip procedures. We have asked NJ DOC to provide a copy of that policy for BOP review.

Your letter also mentions that you were not notified about mail reportedly sent to you by the District of Columbia courts, through this office, in 2006. Your allegation cannot be confirmed or denied due to the lack of a record of such correspondence.

id Womack
Page 2
October 11, 2011

Your trust account statement has been reviewed, and it has been determined monies have been deducted for federal restitution in error. A request to the business office at NJSP has been made to have \$13.95 returned to your account.

Your request to be afforded a \$25.00 spending limit is denied. The BOP does not provide a spending limit, or monies for basic necessities. The BOP provides necessities, whereas NJ DOC does not. NJ DOC allows \$15.00 per month for necessities, and that is your limit. Monies above that amount are "frozen". This "freeze", as you have been previously advised, is due to the fact that you owe federal restitution and refuse to pay monies toward the balance due.

Enclosed is a copy of your Custody Classification Form dated July 5, 2011. This should have been given to you at our July 2011 meeting but was overlooked at the time.

If you have any questions, please do not hesitate to contact this office.

Sincerely,



Peter Brustman,
Community Corrections Manager

Enclosure

MR-007

NEW JERSEY DEPARTMENT OF CORRECTIONS
HEALTH SERVICES REQUEST FORM
[FORMULARIO DE SOLICITUD DE SERVICIOS DE SALUD]
CONFIDENTIAL [CONFIDENCIAL]

Revised
3/11

Ms. Raupp

Please Print or Type

[Sírvese usar letras de molde o máquina de escribir]

N.J.S.P.

Correctional Facility [Institución de Corrección]

HBR

Housing Unit [Unidad de Vivienda]

DAVID L. WOLNACK

537775 11.1.2011

Printed name of inmate [Nombre del(la) confinado(a) en letras de molde]

Number [Número]

Date of Birth [Fecha de Nacimiento]

CIRCLE REQUEST: MEDICAL MEDICAL DENTAL [DENTAL] MENTAL HEALTH [SALUD MENTAL]
[MARQUE CON CÍRCULO LA SOLICITUD] OTHER (Otro)

Reason for the request (Optional) [Motivo de la solicitud (Opcional)]: I AM CURRENTLY UNDER A MEDICATION
APPROXEN FOR PAIN BUT IT'S NOT WORKING AT ALL I HAVE AN UNBEARABLE PAIN
IN MY LOWER SPINE I WOULD LIKE TO GET BACK ON TYLENOL 3 WHICH HELP ME BEFORE.

I consent to be treated by the staff for the condition described. [Doy mi consentimiento para que el personal me trate por la condición descrita.]

1. I understand that my requesting health services may result in having my account charged for medical or dental care service received. [Comprendo que el solicitar servicios de salud podrá resultar en que se me le cargue a mi cuenta por el servicio de salud médica o dental recibido.]
2. I understand that I may be assessed a \$5.00 fee for any visit to medical or dental care staff. [Comprendo que se me podrán cobrar \$5.00 por el costo de cualquier visita al personal de salud médica o dental.]
3. I understand that I will be charged a \$1.00 co-payment for each medication I receive, except for psychiatric medications. [Comprendo que se me cargará \$1.00 de co-pago por cada medicina que yo reciba, excepto las medicinas psiquiátricas.]
4. If I disagree with any charges assessed, I understand that I may file a grievance with the Superintendent. [Si yo no estuviese de acuerdo con los cargos cobrados, comprendo que podré interponer una queja con el(la) Superintendente.]
5. There is no co-pay charge for requesting mental healthcare. [No hay cargo de co-pago para solicitar servicio de salud mental.]

David L. Wolnack
Signature of inmate [Firma del(la) Confinado (a)]

11.1.2011

Date [Fecha]

NO INMATE WILL BE DENIED NECESSARY HEALTHCARE SERVICES DUE TO AN INABILITY TO PAY [A NINGUN(A) CONFINADO (A) SE LE DENEGARÁN LOS SERVICIOS DE SALUD NECESARIOS DEBIDO A SU INHABILIDAD DE PODER PAGAR POR LOS MISMOS]

PLACE THIS SLIP IN THE MEDICAL BOX.
[COLOQUE ESTA HOJA EN EL BUZÓN MÉDICO.]

007

NEW JERSEY DEPARTMENT OF CORRECTIONS
HEALTH SERVICES REQUEST FORM
[FORMULARIO DE SOLICITUD DE SERVICIOS DE SALUD]
CONFIDENTIAL [CONFIDENCIAL]

Revised
3/11

Ms. Raupp

Please Print or Type

[Sirvase usar letras de molde o máquina de escribir]

N.J.S.P.

Correctional Facility [Institución de Corrección]

4B-R-Cell-8

Housing Unit [Unidad de Vivienda]

DAVID WOMACK

Printed name of inmate [Nombre del(la) confinado(a) en letras de molde]

537-775

Number [Número]

11-14-2011

Date of Birth [Fecha de Nacimiento]

CIRCLE REQUEST: MEDICAL MEDICAL DENTAL [DENTAL] MENTAL HEALTH [SALUD MENTAL]
[MARQUE CON CÍRCULO LA SOLICITUD] OTHER (Otro)

Reason for the request (Optional) [Motivo de la solicitud (Opcional)]:

tion "Naproxen" for pain but it's not working at all. I have an unbearable pain in my lower spine. I would like to get back on Tylenol 3 which help me before.

I consent to be treated by the staff for the condition described. [Doy mi consentimiento para que el personal me trate por la condición descrita.]

1. I understand that my requesting health services may result in having my account charged for medical or dental care service received. [Comprendo que el solicitar servicios de salud podrá resultar en que se me le cargue a mi cuenta por el servicio de salud médica o dental recibido.]
2. I understand that I may be assessed a \$5.00 fee for any visit to medical or dental care staff. [Comprendo que se me podrán cobrar \$5.00 por el costo de cualquier visita al personal de salud médica o dental.]
3. I understand that I will be charged a \$1.00 co-payment for each medication I receive, except for psychiatric medications. [Comprendo que se me cargará \$1.00 de co-pago por cada medicina que yo reciba, excepto las medicinas psiquiátricas.]
4. If I disagree with any charges assessed, I understand that I may file a grievance with the Superintendent. [Si yo no estuviese de acuerdo con los cargos cobrados, comprendo que podré interponer una queja con el(la) Superintendente.]
5. There is no co-pay charge for requesting mental healthcare. [No hay cargo de co-pago para solicitar servicio de salud mental.]

David L. Womack

Signature of inmate [Firma del(la) Confinado(a)]

11-14-2011

Date [Fecha]

NO INMATE WILL BE DENIED NECESSARY HEALTHCARE SERVICES DUE TO AN INABILITY TO PAY [A NINGÚN(A) CONFINADO(A) SE LE DENEGARÁN LOS SERVICIOS DE SALUD NECESARIOS DEBIDO A SU INHABILIDAD DE PODER PAGAR POR LOS MISMOS]

PLACE THIS SLIP IN THE MEDICAL BOX.
[COLOQUE ESTA HOJA EN EL BUZÓN MÉDICO.]

PLEASE SUBMIT THIS FORM INTO THE INMATE REMEDY BOX ONLY TO BE PROCESSED

[SÍRVASE PRESENTAR ESTE FORMULARIO EN LA CAJA DE REMEDIO DEL CONFINADO SOLAMENTE PARA SER TRAMITADO]

Revised 1/2008

101

10A:1-4

NEW JERSEY DEPARTMENT OF CORRECTIONS

[DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY]

INMATE REMEDY SYSTEM FORM

[FORMULARIO DEL SISTEMA DE REMEDIO DEL CONFINADO]

PART [PARTE] 1

INMATE'S REMEDY OR COMPLAINT AREA:

[ÁREA DE REMEDIO O QUEJA DEL CONFINADO]

TYPE OF REQUEST (Only Check one box)
[TIPO DE PETICIÓN] (Llene solamente una cajita)☒ ROUTINE INMATE REQUEST
[PETICIÓN RUTINARIA DEL CONFINADO]☐ INTERVIEW REQUEST
[PETICIÓN PARA UNA ENTREVISTA]INMATE'S NAME: DAVID L. WOMACK
[NOMBRE DEL CONFINADO]SBI NUMBER: 0501569275
[NÚMERO DE SBI]INSTITUTION: N.J.S.P.
[INSTITUCIÓN]HOUSING UNIT: 4BR-Cell-1
[UNIDAD DE VIVIENDA]DATE: 02/26/2011
[FECHA]To: Ms. Margaret Concuza, DRMEDICAL DEPARTMENT

THE PAIN MEDICATION I AM CURRENTLY RECEIVING FOR MY BACK AND SPINE AFTER I RETURNED FROM THE FEDERAL BUREAU OF PRISON FOR SURGERY IS NOT WORKING. BEFORE SURGERY, NEW JERSEY STATE PRISON HAD ME ON TYLENOL (3) THAT SUCCESSFULLY WORKED. AFTER I RETURNED BACK TO NEW JERSEY STATE PRISON FROM HAVING SURGERY AT THE FEDERAL HOSPITAL I HAVE SINCE BEEN ON MEDICATION THAT CAUSES MY PAIN TO WORSEN.

No action taken on this form. DOC Corrective Action form issued with paragraph(s) # _____ marked.

[No se tomó ninguna medida en este formulario. Se proveyó el formulario de Acción Correctiva del DOC con el (los) párrafo(s) # _____ indicado(s).]

PART [PARTE] 2

THE ABOVE INMATE INFORMATION WAS DETERMINED BY THE COORDINATOR AS ONE OF THE FOLLOWING:

[EL COORDINADOR DETERMINÓ QUE LA INFORMACIÓN ANTERIOR DEL CONFINADO ES UNO DE LOS SIGUIENTES]

☒ ROUTINE INMATE REQUEST
[PETICIÓN RUTINARIA DEL CONFINADO]☐ INTERVIEW REQUEST
[PETICIÓN PARA UNA ENTREVISTA]ROUTINE OR URGENT
[RUTINARIO O URGENTE]RECEIVED BY: HB
[RECIBIDO POR]SUBJECT OF REQUEST: Pain medication
[TEMA DE LA PETICIÓN]DATE FORWARDED TO DEPARTMENT: 9/20/11
[FECHA EN QUE SE ENVÍO AL DEPARTAMENTO]DATE RESPONSE RETURNED TO I/M: 10/4/11
[FECHA EN QUE SE DEVOLVIÓ AL CONFINADO]DEPARTMENT RESPONSIBLE: Medical
[DEPARTAMENTO RESPONSABLE]CASE NUMBER: 11 YEAR 09 MONTH 05 EXCEL LINE
[NÚMERO DEL CASO] [AÑO] [MES] [LÍNEA DE EXCEL]

PART [PARTE] 3

STAFF RESPONSE AREA [ÁREA DE RESPUESTA DEL PERSONAL]:

You will be seen by a Medical Provider to discuss this issue.

STAFF SIGNATURE [FIRMA DEL PERSONAL]

DATE [FECHA]

SIGNATURE OF ASST Supt OR APPROPRIATE ADMINISTRATIVE DESIGNEE
[FIRMA DEL SUBSUT O LA PERSONA ADMINISTRATIVA CORRESPONDIENTE DESIGNADA POR ÉL]

DATE [FECHA]

Attachments: From Inmate:

[Documentos adjuntos: Del Confinado]

From Staff:

[Del Personal]

DOC Staff Response forms:

[Formularios de Respuesta del Personal del DOC]

PART [PARTE] 4

INMATE'S ADMINISTRATIVE APPEAL INFORMATION [INFORMACIÓN DE APELACIÓN ADMINISTRATIVA DEL CONFINADO]:



U.S. Department of Justice

10

Federal Bureau of Prisons

Community Corrections Office

P.O. Box 329014
Brooklyn, NY 11232

October 25, 2011

David Womack #537775
NJ SIB OS01569275
New Jersey State Prison
PO Box 861
Trenton, NJ 08625

Re: Community Corrections Manager

Dear Mr. Christiansen:

Effective December 5, 2011, Ms Tracy Rivers will be the Community Corrections Manager for this office. In the interim, you may address any and all correspondence to CNK Community Corrections Manager and it will be handled by staff.

If you have questions, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script, reading "L. Nemeth-Rosado", is written below the word "Sincerely,".

L. Nemeth-Rosado,
Acting Community Corrections Manager

Form: IRSF 103
N.J.A.C. 10A:1-4

NEW JERSEY DEPARTMENT OF CORRECTIONS
INMATE REMEDY SYSTEM
CORRECTIVE ACTION FORM

Revised 1/2008

INMATE'S NAME: Womack

SBI#: 05 01569275

Location/Housing Unit: _____

The below corrective information should be used and followed when submitting for information to Institutional staff on a first time basis. Please take the action noted next to the letter X.

1. ☐ You must complete the following form marked below and place it into the correct box or send by Truck Mail.

<input type="checkbox"/> Education/Law Library Form and Box	<input type="checkbox"/> DOC Health Services Request Form and Box (MR-007)
<input type="checkbox"/> Office of the Ombudsman, Request Form and Box	<input type="checkbox"/> I/M Claim for Lost, Damage Prop (Form 943-1)
<input type="checkbox"/> DOC Government Records Request Form (OPRA)	<input type="checkbox"/> Request for copies of Medical/Dental Records (MR 022, 301-XII)
2. ☐ You must submit a NJDOC Job Change Form. Once you have completed the form, it must be handed in to your detail supervisor. **Only** the detail supervisor can turn your request into Classification; **OR** A Staff member must submit a staff referral. The staff member must deliver the referral to the appropriate department. **ONLY** staff members can follow-up on completed forms.
3. ☐ Please see your Unit Social Worker to complete the appropriate forms for programs, other related services, and information to include but not be limited to: Social Security Card, Birth Certificate, ISP, ASI/TC, CRP process, Cage Your Rage, FOV and Thinking for a Change.
4. ☐ The form you submitted did not contain **SPECIFIC** information. Please add additional information and resubmit.
5. ☐ Your Inmate Remedy System form contained more than one (1) question, which cannot be handled on the same form. Please familiarize yourself with information on the Remedy System that is listed in the Inmate Handbook and resubmit another Inmate Remedy System form.
6. ☐ Your Inmate Remedy System form was deposited into the _____ Box. Please place your Inmate Remedy System form into the Box Marked "Inmate Remedy System Box".
7. ☐ To process, correct or update the NJDOC Telephone IPIN system you need to follow the below process: (Up to 30 days to process forms)
 - ☐ NJDOC IPIN Assignments UPDATES will be completed on a quarterly basis within your current facility.
 - ☐ Telephone System Discrepancy form can be completed at any time, please return/deposit into the _____
8. ☐ The information that you submitted must be placed on the **Inmate Remedy System** form and placed into the **Inmate Remedy System Box**. This will ensure proper tracking of your request. **If the form is a similar question or a possible duplicate, please do not resubmit a new form.**
9. ☐ You submitted the attached letter, form or application into the Inmate Remedy System Box. That box is for the Inmate Remedy System forms only. Please place the letter, form or application into the US Mailbox or _____
10. ☐ You cannot use the Inmate Remedy System form for DOC disciplinary charges or DOC disciplinary charge appeals.
11. ☐ You submitted your request to the person or department not authorized to handle the Inmate Request System form. The form must be placed into the **Inmate Remedy System Box** in order to be processed correctly.
12. ☐ Your request for Face Sheets, Progress Notes, and Psychological or Medical evaluations cannot be processed. That information is provided or conducted during specific times during your incarceration.
13. ☐ Your request for an updated adjusted Max Date and/or Parole Eligibility Date (PED) is being returned because that information is now provided on a monthly basis on your Inmate Trust Account Statement for **informational purposes only**. If you feel your max and/or parole information is in error, justify the error and submit another Inmate Remedy System form. It should also be noted that your **work & minimum** credits **DO NOT** get updated at the same time as your Inmate Pay.
14. ☐ You cannot write or mark in the shaded area of the Inmate Remedy System form.
15. ☐ Your form is a follow-up question or Appeal to a previous submitted form. You must re-submit your answered form, within 10 days of receipt, with additional information, within Part 4 and place it into the Inmate Remedy System Box for further processing.
16. ☒ This is a duplicate request that is not permitted. Staff is granted up-to a 30-day response time on all requests.
17. ☐ The facility uses an approved Institutional/Department form to handle this matter. The form is _____ and the form can be received from your _____
18. ☐ Other: _____

THIS FORM INTO THE INMATE REMEDY BOX ONLY TO BE PROCESSED
 (SIRVASE PRESENTAR ESTE FORMULARIO EN LA CAJA DE REMEDIO DEL CONFINADO SOLAMENTE PARA SER TRAMITADO)

Revised 1/2008

NEW JERSEY DEPARTMENT OF CORRECTIONS

[DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY]

INMATE REMEDY SYSTEM FORM

[FORMULARIO DEL SISTEMA DE REMEDIO DEL CONFINADO]

PART [PARTE] 1

INMATE'S REMEDY OR COMPLAINT AREA:

[ÁREA DE REMEDIO O QUEJA DEL CONFINADO]

TYPE OF REQUEST (Only Check one box)
 [TIPO DE PETICIÓN] (Llene solamente una cajita)

☒ ROUTINE INMATE REQUEST
 [PETICIÓN RUTINARIA DEL CONFINADO]

☐ INTERVIEW REQUEST
 [PETICIÓN PARA UNA ENTREVISTA]

INMATE'S NAME: David WOMACK
 [NOMBRE DEL CONFINADO]

SBI NUMBER: 0301569275
 [NÚMERO DE SBI]

INSTITUTION: N.J.S.P.
 [INSTITUCIÓN]

HOUSING UNIT: 4B-R-cell-8
 [UNIDAD DE VIVIENDA]

DATE: 10-9-2011
 [FECHA]

I REQUEST to Make a Legal Phone Call to
Federal Bureau of prison Community Corrections
Managet Mr. peter Brustman At (718) 840-4219, This
phone Call relates to a Legal Drug sample
that the Feds or deted this institution to
per Form. p.o. Box 329014
Brooklyn, NY 11232

No action taken on this form. DOC Corrective Action form issued with paragraph(s) # 10 marked.
 [No se tomó ninguna medida en este formulario. Se proveyó el formulario de Acción Correctiva del DOC con el (los) párrafo(s) # 10 indicado(s).]

PART [PARTE] 2

THE ABOVE INMATE INFORMATION WAS DETERMINED BY THE COORDINATOR AS ONE OF THE FOLLOWING:
 [EL COORDINADOR DETERMINÓ QUE LA INFORMACIÓN ANTERIOR DEL CONFINADO ES UNO DE LOS SIGUIENTES]

☒ ROUTINE INMATE REQUEST
 [PETICIÓN RUTINARIA DEL CONFINADO]

☐ INTERVIEW REQUEST
 [PETICIÓN PARA UNA ENTREVISTA]

ROUTINE OR URGENT
 [RUTINARIO O URGENTE]

RECEIVED BY:
 [RECIBIDO POR]

SUBJECT OF REQUEST:
 [TEMA DE LA PETICIÓN]

DATE FORWARDED TO DEPARTMENT:
 [FECHA EN QUE SE ENVIÓ AL DEPARTAMENTO]

DATE RESPONSE RETURNED TO I/M:
 [FECHA EN QUE SE DEVOLVIÓ AL CONFINADO]

DEPARTMENT RESPONSIBLE:
 [DEPARTAMENTO RESPONSABLE]

CASE NUMBER:
 [NÚMERO DEL CASO]

YEAR
 [AÑO]

MONTH
 [MES]

EXCEL LINE
 [LÍNEA DE EXCEL]

PART [PARTE] 3

STAFF RESPONSE AREA [ÁREA DE RESPUESTA DEL PERSONAL]:

STAFF SIGNATURE [FIRMA DEL PERSONAL]

DATE [FECHA]

Attachments: From Inmate:

[Documentos adjuntos: Del Confinado]

From Staff:

[Del Personal]

DOC Staff Response forms:

[Formularios de Respuesta del Personal del DOC]

SIGNATURE OF ASST. Supt. OR APPROPRIATE ADMINISTRATIVE DESIGNEE
 [FIRMA DEL SUBSUT. O LA PERSONA ADMINISTRATIVA CORRESPONDIENTE DESIGNADA POR ÉL]

DATE [FECHA]

PART [PARTE] 4

INMATE'S ADMINISTRATIVE APPEAL INFORMATION [INFORMACIÓN DE APELACIÓN ADMINISTRATIVA DEL CONFINADO]:

N.J.A.C. 10A:1-4

NEW JERSEY DEPARTMENT OF CORRECTIONS

[DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY]

INMATE REMEDY SYSTEM FORM

[FORMULARIO DEL SISTEMA DE REMEDIO DEL CONFINADO]

PART [PARTE] 1

INMATE'S REMEDY OR COMPLAINT AREA:

[ÁREA DE REMEDIO O QUEJA DEL CONFINADO]

TYPE OF REQUEST (Only Check one box)
[TIPO DE PETICIÓN] (Llene solamente una casilla)☒ ROUTINE INMATE REQUEST
[PETICIÓN RUTINARIA DEL CONFINADO]☐ INTERVIEW REQUEST
[PETICIÓN PARA UNA ENTREVISTA]INMATE'S NAME: David WOMACK
[NOMBRE DEL CONFINADO]SBI NUMBER: 0501569275
[NÚMERO DE SBI]INSTITUTION: N.J.S.P
[INSTITUCIÓN]HOUSING UNIT: 4B-R-Cell-8
[UNIDAD DE VIVIENDA]DATE: 10-9-2011
[FECHA]To: Ms. Brenda Hutton

I REQUEST to Make a Legal phone call to Federal Bureau of prison Community Corrections Manaset Mr. peter Brustman Af (718) 840-4219. This phone call relates to a Lesal Dna sample that the Feds or deted this institution to per Form. P.O. Box 329014 Brooklyn, NY 11232

No action taken on this form. DOC Corrective Action form issued with paragraph(s) # 10 marked.
[No se tomó ninguna medida en este formulario. Se proveyó el formulario de Acción Correctiva del DOC con el (los) párrafo(s) # 10 indicado(s).]

PART [PARTE] 2

THE ABOVE INMATE INFORMATION WAS DETERMINED BY THE COORDINATOR AS ONE OF THE FOLLOWING:

[EL COORDINADOR DETERMINÓ QUE LA INFORMACIÓN ANTERIOR DEL CONFINADO ES UNO DE LOS SIGUIENTES]

☐ ROUTINE INMATE REQUEST
[PETICIÓN RUTINARIA DEL CONFINADO]☐ INTERVIEW REQUEST
[PETICIÓN PARA UNA ENTREVISTA]ROUTINE OR URGENT
[RUTINARIO O URGENTE]RECEIVED BY:
[RECIBIDO POR]SUBJECT OF REQUEST:
[TEMA DE LA PETICIÓN]DATE FORWARDED TO DEPARTMENT:
[FECHA EN QUE SE ENVIO AL DEPARTAMENTO]DATE RESPONSE RETURNED TO I/M:
[FECHA EN QUE SE DEVOLVIÓ AL CONFINADO]DEPARTMENT RESPONSIBLE:
[DEPARTAMENTO RESPONSABLE]CASE NUMBER:
[NÚMERO DEL CASO]YEAR
[AÑO]MONTH
[MES]EXCEL LINE
[LÍNEA DE EXCEL]

PART [PARTE] 3

STAFF RESPONSE AREA [ÁREA DE RESPUESTA DEL PERSONAL]:

STAFF SIGNATURE [FIRMA DEL PERSONAL]

DATE [FECHA]

SIGNATURE OF ASST SUPT OR APPROPRIATE ADMINISTRATIVE DESIGNEE
[FIRMA DEL SUBSUPT O LA PERSONA ADMINISTRATIVA CORRESPONDIENTE DESIGNADA POR EL]

DATE [FECHA]

Attachments: From Inmate:

[Documentos adjuntos: Del Confinado]

From Staff:

[Del Personal]

DOC Staff Response forms:

[Formularios de Respuesta del Personal del DOC]

PART [PARTE] 4

INMATE'S ADMINISTRATIVE APPEAL INFORMATION [INFORMACIÓN DE APELACIÓN ADMINISTRATIVA DEL CONFINADO]:

MAIL, To,
Legal

Clerk U.S. District Court
→ 402 E. State. S.T. Room 2020
Trenton, N.J. 08608

To. Clerk of Court

1-12-2012

I Ask that you Accept this
Motion at this time without my Inmate
Account # For the past 6 Months, due to D.O.C.,
Refusing to Respond to My grievance Form
I Filed on 10-10-2011 requesting My inmate
Account # For the past 6 Months which is why
I ask this Court to please send this D.O.C.
Administration a Court order to give Me My
Inmate Account # For the past 6 Month as
well as the grievance Forms I Filled For.
AdMi, Mr. Warren; See Attachments #2, page
AdMi, Nelson Mr. #3 Crazy
AdMi, Barns Mr. David
Shiree
Deborah

Mr. David Lee, Womack, 4B-R-Cell-8,
D.O.C. 537-775, SBI-0501569275
Trenton State prison
P.O. Box 861
Trenton, New Jersey, 08625

PLEASE SUBMIT THIS FORM INTO THE INMATE REMEDY BOX ONLY TO BE PROCESSED
[SÍRVASE PRESENTAR ESTE FORMULARIO EN LA CAJA DE REMEDIO DEL CONFINADO SOLAMENTE PARA SER TRAMITADO]

Revised 1/2008

Form: IRSF 101
N.J.A.C. 10A:1-4

NEW JERSEY DEPARTMENT OF CORRECTIONS
[DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY]
INMATE REMEDY SYSTEM FORM
[FORMULARIO DEL SISTEMA DE REMEDIO DEL CONFINADO]

PART [PARTE] 1

INMATE'S REMEDY OR COMPLAINT AREA:
[ÁREA DE REMEDIO O QUEJA DEL CONFINADO]

TYPE OF REQUEST (Only Check one box)
[TIPO DE PETICIÓN] (Llene solamente una caja)

☒ **ROUTINE INMATE REQUEST**
[PETICIÓN RUTINARIA DEL CONFINADO]

☐ **INTERVIEW REQUEST**
[PETICIÓN PARA UNA ENTREVISTA]

INMATE'S NAME: DAVID WOMACK
[NOMBRE DEL CONFINADO]

SBI NUMBER: 0501569275
[NÚMERO DE SBI]

INSTITUTION: N.J.S.P.
[INSTITUCIÓN]

HOUSING UNIT: 4B-R-Cell-8
[UNIDAD DE VIVIENDA]

DATE: 12-13-2011
[FECHA]

To: Administrator Mr. Warren

I Will Like to Know why Haven't I Received a
Copy of the Request Form I put in on november
10 2011 About copies of My past six-month
Inmate A count Statement.

No action taken on this form. DOC Corrective Action form issued with paragraph(s) # _____ marked.
[No se tomó ninguna medida en este formulario. Se proveyó el formulario de Acción Correctiva del DOC con el (los) párrafo(s) # _____ indicado(s).]

PART [PARTE] 2 THE ABOVE INMATE INFORMATION WAS DETERMINED BY THE COORDINATOR AS ONE OF THE FOLLOWING:
[EL COORDINADOR DETERMINÓ QUE LA INFORMACIÓN ANTERIOR DEL CONFINADO ES UNO DE LOS SIGUIENTES]

☐ **ROUTINE INMATE REQUEST**
[PETICIÓN RUTINARIA DEL CONFINADO]

☐ **INTERVIEW REQUEST**
[PETICIÓN PARA UNA ENTREVISTA]

ROUTINE OR URGENT
[RUTINARIO O URGENTE]

RECEIVED BY: _____
[RECIBIDO POR]

SUBJECT OF REQUEST: _____
[TEMA DE LA PETICIÓN]

DATE FORWARDED TO DEPARTMENT: _____
[FECHA EN QUE SE ENVIÓ AL DEPARTAMENTO]

DATE RESPONSE RETURNED TO I/M: _____
[FECHA EN QUE SE DEVOLVIÓ AL CONFINADO]

DEPARTMENT RESPONSIBLE: _____
[DEPARTAMENTO RESPONSABLE]

CASE NUMBER: _____
[NÚMERO DEL CASO] YEAR [AÑO] MONTH [MES] EXCEL LINE [LÍNEA DE EXCEL]

PART [PARTE] 3 STAFF RESPONSE AREA [ÁREA DE RESPUESTA DEL PERSONAL]:

STAFF SIGNATURE [FIRMA DEL PERSONAL]

DATE [FECHA]

Attachments: From Inmate: _____
[Documentos adjuntos: Del Confinado]

From Staff: _____
[Del Personal]

DOC Staff Response forms: _____
[Formularios de Respuesta del Personal del DOC]

SIGNATURE OF ASST SUPT OR APPROPRIATE ADMINISTRATIVE DESIGNEE
[FIRMA DEL SUBSUPT O LA PERSONA ADMINISTRATIVA CORRESPONDIENTE DESIGNADA POR ÉL]

DATE [FECHA]

PART [PARTE] 4 INMATE'S ADMINISTRATIVE APPEAL INFORMATION [INFORMACIÓN DE APELACIÓN ADMINISTRATIVA DEL CONFINADO]:

ADDITIONAL ATTACHMENTS: _____
[DOCUMENTOS ADJUNTOS ADICIONALES]

INMATE'S SIGNATURE [FIRMA DEL CONFINADO]

DATE [FECHA]

PART [PARTE] 5

DATE APPEAL RECEIVED: _____
[FECHA EN QUE SE RECIBIÓ LA APELACIÓN]

DATE APPEAL RETURNED: _____
[FECHA EN QUE SE DEVOLVIÓ LA APELACIÓN]

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS:
[DECISIÓN SOBRE LA APELACIÓN Y LOS COMENTARIOS DEL ADMINISTRADOR]

☐ **UPHELD** [CONFIRMADA]

☐ **MODIFIED** [MODIFICADA]

☐ **DENIED** [NEGADA]

MAIL, To,
Legal

Clerk. U.S. District Court
→ 402 E. State. S.T. Room 2020
Trenton, N.J. 08608

To. Clerk of Court

1-12-2012

I Ask that you Accept this
Motion at this time without My Inmate
Account *For the past 6 Months, due to D.O.C.
Refusing to Respond to My grievance Form
I Filed on 10-10-2011 requesting My inmate
Account *For the past 6 Months which is why
I ask this Court to please send this D.O.C.
Administration a Court order to give Me My
inmate Account *For the past 6 Month as
well as the grievance Forms I Filled For.

AdMi, Mr. Warren | See Attachments #2, page

AdMi, Nelson Mr.

#3 Crazy

AdMi, BARNES Mr.

David
Shiree
Deborah

Mr. David Lee, WOMACK, 4B-R-Cell-8,,

D.O.C. 537-775, SBI-050/569275

Trenton State prison

P.O. Box 861

Trenton, New Jersey, 08625

Form: IRSF 103
N.J.A.C. 10A:1-4

NEW JERSEY DEPARTMENT OF CORRECTIONS
INMATE REMEDY SYSTEM
CORRECTIVE ACTION FORM

Revised 1/2008

INMATE'S NAME: Blumrich

SBI#: 0501569775

Location/Housing Unit: _____

The below corrective information should be used and followed when submitting for information to Institutional staff on a first time basis. Please take the action noted next to the letter X.

1. ☐ You must complete the following form marked below and place it into the correct box or send by Truck Mail.

<input type="checkbox"/> Education/Law Library Form and Box.	<input type="checkbox"/> DOC, Health Services Request Form and Box (MR-007)
<input type="checkbox"/> Office of the Ombudsman, Request Form and Box.	<input type="checkbox"/> I/M Claim for Lost, Damage Prop (Form 943-1)
<input type="checkbox"/> DOC Government Records Request Form (OPRA)	<input type="checkbox"/> Request for copies of Medical/Dental Records (MR 022, 301-XII)
2. ☐ You must submit a NJDOC Job Change Form. Once you have completed the form, it must be handed in to your detail supervisor. Only the detail supervisor can turn your request into Classification; OR A Staff member must submit a staff referral. The staff member must deliver the referral to the appropriate department. ONLY staff members can follow-up on completed forms.
3. ☐ Please see your Unit Social Worker to complete the appropriate forms for programs, other related services, and information to include but not be limited to: Social Security Card, Birth Certificate, ISP, ASI/TC, CRP process, Cage Your Rage, FOV and Thinking for a Change.
4. ☐ The form you submitted did not contain **SPECIFIC** information. Please add additional information and resubmit.
5. ☐ Your Inmate Remedy System form contained more than one (1) question, which cannot be handled on the same form. Please familiarize yourself with information on the Remedy System that is listed in the Inmate Handbook and resubmit another Inmate Remedy System form.
6. ☐ Your Inmate Remedy System form was deposited into the _____ Box. Please place your Inmate Remedy System form into the Box Marked "Inmate Remedy System Box".
7. ☐ To process, correct or update the NJDOC Telephone IPIN system you need to follow the below process: (Up to 30 days to process forms)
 - ☐ NJDOC IPIN Assignments UPDATES will be completed on a quarterly basis within your current facility.
 - ☐ Telephone System Discrepancy form can be completed at any time, please return/deposit into the _____.
8. ☐ The information that you submitted must be placed on the **Inmate Remedy System form** and placed into the **Inmate Remedy System Box**. This will ensure proper tracking of your request. If the form is a similar question or a possible duplicate, please do not resubmit a new form.
9. ☐ You submitted the attached letter, form or application into the Inmate Remedy System Box. That box is for the Inmate Remedy System forms only. Please place the letter, form or application into the US Mailbox or _____.
10. ☐ You cannot use the Inmate Remedy System form for DOC disciplinary charges or DOC disciplinary charge appeals.
11. ☐ You submitted your request to the person or department not authorized to handle the Inmate Request System form. The form must be placed into the **Inmate Remedy System Box** in order to be processed correctly.
12. ☐ Your request for Face Sheets, Progress Notes, and Psychological or Medical evaluations cannot be processed. That information is provided or conducted during specific times during your incarceration.
13. ☐ Your request for an updated adjusted Max Date and/or Parole Eligibility Date (PED) is being returned because that information is now provided on a monthly basis on your Inmate Trust Account Statement for **informational purposes only**. If you feel your max and/or parole information is in error, justify the error and submit another Inmate Remedy System form. It should also be noted that your **work & minimum** credits **DO NOT** get updated at the same time as your Inmate Pay.
14. ☐ You cannot write or mark in the shaded area of the Inmate Remedy System form.
15. ☐ Your form is a follow-up question or Appeal to a previous submitted form. You must re-submit your answered form, within 10 days of receipt, with additional information, within Part 4 and place it into the Inmate Remedy System Box for further processing.
16. ☐ This is a duplicate request that is not permitted. Staff is granted up-to a 30-day response time on all requests.
17. ☐ The facility uses an approved Institutional/Department form to handle this matter. The form is _____ and the form can be received from your _____.

18. ☐ Other: You should receive it shortly
processed